

| CLAIMS ONLY | | | | | | | Application Number 09732812 | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | |
| 2 | | 1 | | | | | | |
| 3 | | 1 | | | | | | |
| 4 | | 1 | | | | | | |
| 5 | | 1 | | | | | | |
| 6 | | 1 | | | | | | |
| 7 | | 1 | | | | | | |
| 8 | | 1 | | | | | | |
| 9 | | 1 | | | | | | |
| 10 | 1 | | | | | | | |
| 11 | | 1 | | | | | | |
| 12 | | 1 | | | | | | |
| 13 | | 1 | | | | | | |
| 14 | | 1 | | | | | | |
| 15 | | 1 | | | | | | |
| 16 | | 1 | | | | | | |
| 17 | | 1 | | | | | | |
| 18 | | 1 | | | | | | |
| 19 | | 1 | | | | | | |
| 20 | | 1 | | | | | | |
| 21 | | 1 | | | | | | |
| 22 | | 1 | | | | | | |
| 23 | | 1 | | | | | | |
| 24 | | 1 | | | | | | |
| 25 | | 1 | | | | | | |
| 26 | | 1 | | | | | | |
| 27 | 1 | | | | | | | |
| 28 | | 1 | | | | | | |
| 29 | | 1 | | | | | | |
| 30 | | 1 | | | | | | |
| 31 | | 1 | | | | | | |
| 32 | | 1 | | | | | | |
| 33 | | 1 | | | | | | |
| 34 | | 1 | | | | | | |
| 35 | | 1 | | | | | | |
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| 49 | | | | | | | | |
| 50 | | | | | | | | |
| Total Indep | 3 | | | | | | | |
| Total Depend | 32 | | | | | | | |
| Total Claims | 35 | | | | | | | |